

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963790	(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER RENAISSANCE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint investigation survey, CCR# 2015004849 was conducted on 8/4/2015 at The Renaissance Assisted Living Facility . The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUKE
SECRETARY

August 17, 2015

Administrator
Renaissance (the)
1050 Southwest 24th Avenue
Deerfield Beach, FL 33442

RE: CCR #2015004849

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 4, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

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